

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045320

STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 489

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Flat River</u>		c. CITY OR TOWN <u>Flat River</u> ⁰⁹⁴²	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>15 Donald St. J.R.M.</u>		d. STREET ADDRESS <u>15 Donald</u>	
3. NAME OF DECEASED (Type or print) <u>Mr. Donald</u> ^{First} <u>Joseph</u> ^{Middle} <u>McCullough</u> ^{Last}		4. DATE OF DEATH <u>Dec. 31 1958</u> ^{Month Day Year}	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White-Cauc.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 21-1892</u> ⁶⁶⁻⁴⁻¹⁰
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Superintendent of Schools</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Flat River School</u>	
10a. FATHER'S NAME <u>Mr. John C. McCullough</u>		10b. BIRTH PLACE (City and state or country) <u>Alton, Mo. Oregon Co.</u>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>First World War</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u>			
DUE TO (c) <u>arterio sclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>260X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>Dec 31 58</u> to <u>Dec 31 58</u> and last saw ^{her} <u>him</u> alive on <u>Dec 31-58</u> Death occurred at <u>7A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (of doctor or title) <u>C. H. Applegate, M.D.</u>		22b. ADDRESS <u>1100 Olive St. St. Louis, Mo.</u>	22c. DATE SIGNED <u>1-2 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 2-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Cambria</u>	23d. LOCATION (City, town, or county) (State) <u>New Cambria Mo</u>
24. FUNERAL DIRECTOR <u>Alvin W. Hood</u> ADDRESS <u>323 Main St. Flat River, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 2, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert W. Hood*.....

Licensed Embalmer No. *228*
303 Crane St.
P. O. Address *Flat River*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.